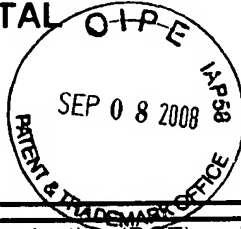


RCE \$
168

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	10/500,332
Filing Date	July 21, 2004
First Named Inventor	ANCOROTTI
Group Art Unit	1618
Examiner Name	Ahmed
Attorney Docket Number	ARC-3687-70

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114.

- a. ☐ Previously submitted (Note: Any previously filed unentered amendments will be entered unless applicant instructs otherwise. If applicant does not wish to have previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).)
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other _____

3. Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☐ Applicant claims "small entity" status.
- b. ☒ Fees are attached as calculated below:
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e) \$810.00 (1801)/\$405.00 (2801) \$ 405.00
- ii. ☒ Petition is made to extend the due date two months (less months previously paid) \$ 230.00
- iii. ☒ Other Additional Independent Claim \$ 105.00
- c. ☐ Check in the amount of \$ _____ enclosed.
- d. ☒ Payment by credit card (credit card payment form attached) in the amount of \$ 740.00
- e. ☒ The Director is hereby authorized to charge any deficiency in the fee(s) filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm), to Deposit Account No. 14-1140

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Arthur R. Crawford	Registration No. (Attorney/Agent)	25,327
Signature		Date	September 8, 2008

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print Type)	
Signature	Date

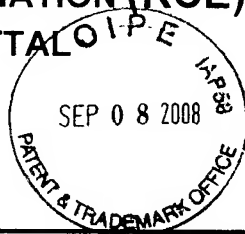
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